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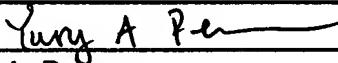
(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission	Application Number <b>10/789,837</b>
	Filing Date <b>February 26, 2004</b>
	First Named Inventor <b>Brian Acton</b>
	Art Unit <b>3625</b>
	Examiner Name <b>J. Dunham</b>
	Attorney Docket Number <b>50269-0566</b>

### ENCLOSURES (Check all that apply)

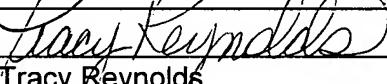
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC		
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences		
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<input checked="" type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information		
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<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):		
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Return receipt postcard		
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	<input type="checkbox"/> Request for Continued Examination		
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> Check in the amount of \$910.00		
<input type="checkbox"/> Reply to Missing Parts/Incomplete Application	<input type="checkbox"/> Landscape Table on CD			
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53				
<table border="1"> <tr> <td>Remarks</td> </tr> <tr> <td>The Director is hereby authorized to charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 to Deposit Account Number <b>50-1302</b>            Deposit Account Name: Hickman Palermo Truong &amp; Becker LLP</td> </tr> </table>			Remarks	The Director is hereby authorized to charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 to Deposit Account Number <b>50-1302</b> Deposit Account Name: Hickman Palermo Truong & Becker LLP
Remarks				
The Director is hereby authorized to charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 to Deposit Account Number <b>50-1302</b> Deposit Account Name: Hickman Palermo Truong & Becker LLP				

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Hickman Palermo Truong & Becker LLP		
Signature			
Printed name	Yury A. Perzov		
Date	June 27, 2007	Reg. No.	58,547

### CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

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